

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

101603311

FILING DATE

APPLICANT(S)

10/12/05

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
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39	1					
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS	1	1				

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.		54				
TOTAL CLAIMS	8	54				